



File

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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION | 1. TRANSMITTAL NUMBER: 0 1 0 0 3 | 2. STATE: MA |
| | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Title XIX | |
| TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE January 1, 2001 | |
| 5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT | | |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) | | |
| 6. FEDERAL STATUTE/REGULATION CITATION: | 7. FEDERAL BUDGET IMPACT: a. FFY _____ \$ _____ b. FFY _____ \$ _____ | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 6 to Attachment 2.6-A | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same | |

10. SUBJECT OF AMENDMENT:
 Standards for Optional State Supplementary

11. GOVERNOR'S REVIEW (Check One):
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:
 Not required under 42 CFR 430.12(b)(2)(i)

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| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  | 16. RETURN TO: Bridget Landers Coordinator for State Plan Division of Medical Assistance 600 Washington Street Boston, MA 02111 |
| 13. TYPED NAME: Wendy E. Warring | |
| 14. TITLE: Commissioner | |
| 15. DATE SUBMITTED: March 30, 2001 | |

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| FOR REGIONAL OFFICE USE ONLY | |
| 17. DATE RECEIVED: March 30, 2001 | 18. DATE APPROVED: |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2001 | 20. SIGNATURE OF REGIONAL OFFICIAL:  |
| 21. TYPED NAME: Ronald Preston | 22. TITLE: Associate Regional Administrator Division of Medicaid and State Operations |
| 23. REMARKS: | |

STATE: MASSACHUSETTS
Standards for Optional State Supplementary

| PAYMENT CATEGORY | ADMINISTERED BY | | INCOME LEVEL | | | | INCOME DISREGARD |
|------------------------------|-----------------|--------|--------------|---------|------------|---------|---|
| (1) | (2) | | (3) | | (4) | | (5) |
| Reasonable Classification | Federal | State | Gross | | Net | | |
| AGED | INDIVIDUAL | | INDIVIDUAL | COUPLE | INDIVIDUAL | COUPLE | DISREGARD |
| Full Cost of Living Expenses | 530.00 | 128.82 | 1402.64 | 2080.44 | 658.82 | 997.72 | First \$20 unearned income* First \$65 earned income and 1/2 remaining earned income |
| Shared Living Expenses | 530.00 | 39.26 | 1223.52 | 2080.44 | 569.26 | 997.72 | |
| Household of Another | 353.34 | 104.36 | 1000.40 | 1577.96 | 457.70 | 746.48 | |
| Rest Home | 530.00 | 293.00 | 1731.00 | ----- | 823.00 | ----- | |
| Nursing Facility | 30.00 | 35.00 | 215.00 | 345.00 | 65.00 | 130.00 | |
| Assisted Living | 530.00 | 454.00 | 2053.00 | 3039.00 | 984.00 | 1477.00 | |
| DISABLED | INDIVIDUAL | | INDIVIDUAL | COUPLE | INDIVIDUAL | COUPLE | |
| Full Cost of Living Expenses | 530.00 | 114.39 | 1373.78 | 2037.12 | 644.39 | 976.06 | |
| Shared Living Expenses | 530.00 | 30.40 | 1205.80 | 2037.12 | 560.40 | 976.06 | |
| Household of Another | 353.34 | 87.58 | 966.84 | 1534.72 | 440.92 | 724.86 | |
| Rest Home | 530.00 | 293.00 | 1731.00 | ----- | 823.00 | ----- | |
| Nursing Facility | 30.00 | 35.00 | 215.00 | 345.00 | 65.00 | 130.00 | |
| Assisted Living | 530.00 | 454.00 | 2053.00 | 3039.00 | 984.00 | 1477.00 | |
| BLIND | INDIVIDUAL | | INDIVIDUAL | COUPLE | INDIVIDUAL | COUPLE | |
| Full Cost of Living Expenses | 530.00 | 149.74 | 1444.48 | 2803.96 | 679.74 | 1359.48 | |
| Shared Living Expenses | 530.00 | 149.74 | 1444.48 | 2803.96 | 679.74 | 1359.48 | |
| Household of Another | 353.34 | 326.40 | 1444.48 | 2803.96 | 679.74 | 1359.48 | |
| Rest Home | 530.00 | 149.74 | 1444.48 | ----- | 679.74 | ----- | |
| Nursing Facility | 30.00 | 35.00 | 215.00 | 345.00 | 65.00 | 130.00 | |
| Assisted Living | 530.00 | 454.00 | 2053.00 | 3039.00 | 984.00 | 1477.00 | |

* If no unearned income, or less than \$20.00 this is deducted from earned income.

For Title XIX purposes, the limit is subject to the 300% cap, or \$ 1590.

TN No. 01-003

Supersedes TN No. 00-003

Approval Date 04-03-01

Effective Date: 01/01/01